INDIANA STATE CORONERS TRAINING BOARD
Application for Training Grant Funds

PLEASE READ THESE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE APPLICATION.

Your Indiana State Coroners Training Board (hereafter the ISCTB) has established this grant to provide assistance to those County Coroners and their Deputies who have a need for education and whose budgets may not reflect a full understanding of the Coroner in his/her community by their county council.

Indiana State Coroners Training Board grant funds are to be used only as a supplement to regular line item training budget appropriations, not as a substitute to these funds and/ or ongoing training activities. This should be a part of every Coroner's budget preparedness. Any County Coroner having difficulty in obtaining local training funds should contact the ISCTB or the Indiana State Coroners Association.

We do recognize that frustrations exist in several counties over the need for this funding and each Coroner, Councilman, and Commissioner need to recognize the professionalism and expertise needed by death investigators at this time in history. The name of the game is TRAINING, TRAINING, and TRAINING.

In time, each and every Coroner and his/her Deputy will be required to develop an in-depth understanding of the medicolegal investigation of death and then maintain this expertise with regular continuing education. Your ISCTB will be sponsoring increased programs around the state to accomplish this. These grants are an initial means to assist in this endeavor.

The Training Grants will REIMBURSE the following expenses in part or whole:

Registration	Travel	Lodging
Airport Parking	Ground Transportation	Some Printed Materials
Meal Allowance		

All applications must be submitted to the ISCTB. Those for in-state programs must be submitted at least 30 days prior to travel. Those for out-of-state travel must be submitted 60 days prior to travel.

Return completed application to: Tony Ciriello, Director of Training
12265 N. Creek Bend Lane, Milford, IN 46542
574-658-9769 (fax)

Return completed reimbursement forms and evaluation to: Lisa Barker, Executive Director
(After training has taken place) 329 West 1200 South, Romney, IN 47981

After action is taken on the application you will receive a letter from the Indiana State Coroners Training Board apprizing you of its decision. You may direct any questions to Lisa Barker, Executive Director at 877-692-7284 or Tony Ciriello, Director of Training at 866-768-2007.

In order to qualify for consideration, all applicants must fill out the enclosed grant form and adhere to the following guidelines:

1. All applicants are subject to ISCTB approval. All decisions by the ISCTB are final.
2. All applicants must explain the need for training in their county and assert that there is lack of local funds available for such training.
3. Successful applicants to the Training Grant Fund must follow the State of Indiana travel guidelines. Any amount exceeding these guidelines will be the responsibility of the applicant. These are the present guideline parameters:
    a. ALL FLIGHT RESERVATIONS MUST BE MADE AT THE ECONOMY RATE.
    b. The mileage reimbursement of $0.28 per mile is good only to 500 miles. After 500 miles the rate drops to $0.14 per mile.
    c. The State will pay the lesser of the two forms of travel (air/automobile).
    d. The maximum lodging rate in state is $65.00 per night plus taxes. The State will only pay for single occupancy. Who you stay with is your business, but have the hotel indicates the single occupancy rate.
    e. You need to request a "governmental rate" when making reservations.
    f. Out of state lodging rates must reflect the average rate for the area visited. Only single room occupancy will be paid.
    g. Per diem is based on the time the individual leaves and the time of return. The maximum allowable in state is $26.00 and out of state is $32.00 per day based on two divisions. You must indicate the date and time that you leave and the date and time that you return.
    h. Miscellaneous costs are covered on an individual basis. Ground transportation to and from airports is covered. Parking expenses at the airport are usually covered. Valet parking at the hotel is not covered. You must be able to justify the expense.

WE MUST HAVE THESE ITEMS RETURNED TO: CTB % Lisa Barker, P.O. Box 157, Romney, IN 47981 IMMEDIATELY AFTER YOUR ATTENDANCE:

1. The Course Evaluation Form
2. A State of Indiana claim form filled in where indicated, signed and dated
3. A W-9 filled in, signed and dated
4. The Airline ticket receipt (looks like part of the ticket, but it says receipt)
5. Original registration and/or workshop receipts
6. Original hotel registration showing account has been paid(must have a 0 balance)
7. Original ground transportation and parking receipts
8. Mileage form and statement of departure and return

REIMBURSEMENT WILL BE HELD UNTIL EACH OF THE ABOVE DOCUMENTS ARE IN OUR FILES.

The Individual applicant is ultimately responsible for all record keeping relative to requests by the internal revenue service for applicable and documental money exchange. Be sure and make copies of all documents for your records. YOU KEEP THE COPIES!
We do not need your meal receipts.

ISCTB APPLICATION NUMBER/GRANT NUMBER _____ (will be assigned)
This application is from: _____
Your Coroner is: _____
Your county is: _____ Your address is: _____
Your home phone: _____ Office phone:_____ Fax: _____

Attach a copy of the program you are wishing to attend. It must describe the course offering, the sponsor, dates and times of the program, where the program is to be held, alternate dates for the same program, the registration fee, and any charges for printable materials.

Please indicate how this program will assist you personally and your county in Medicolegal Death Investigation. Include a summary of your department's training needs, as well as the background of the other investigators. (Use this space)

_____
_____
_____
_____
_____
_____
_____
_____

ESTIMATED EXPENSES FOR: _____
TO ATTEND: _____ ON: _____

Itemized List of Expenses:		Estimated	Actual
Tuition/Registration Fees:	.....	$ _____	$_____
Transportation: Airfare, Round trip	.....	$ _____	$_____
Automobile ___ miles (500 max)	at $.028....	$ _____	$_____
Automobile ___ miles (501+)	at $0.14.....	$ _____	$_____
Ground Transportation (shuttle,taxi,subway)		$ _____	$_____
Lodging: Hotel _____ days at ____ each	..... total	$ _____	$_____
Hotel taxes ___ days at ____ each	..... total	$ _____	$_____
Per Diem: Applicant will leave home at_____ am/pm, date:_____			
Applicant will arrive home at _____ am/pm, date: _____			
Applicant has _____ days at	$ 26.00 @ and/or	$ _____	$_____
_____ days at	$13.00 @ and/or	$ _____	$_____
_____ days at $_____	@ and/or	$ _____	$_____
Miscellaneous: Airport parking ___ days at $____	per day ...	$ _____	$_____
Hotel parking ____ days at $____	per day ...	$ _____	$_____
Textbooks/Supplies	.....	$ _____	$ _____
	Total:	$ _____	$_____

This estimated total will be reviewed by the ISCTB. It may be adjusted. You will be notified of any changes. The amount designated by the ISCTB is THE AMOUNT THAT WILL BE RELEASED. The actual total will be needed for reimbursement.

Indiana State Coroners Training Board
Reimbursement for mileage and per-diem
(Print Clearly)

Claimant's Name: ____

Workstation/Home Address: ____

Departure Date From workstation/home: ___________________________________
Departure Time From workstation/home: ___________*a.m.* ___________ *p.m.*

*Destination Address:*____
(Place of training)
Arrival Date: ____________ *Arrival Time:* _____ *a.m.* ____ *p.m.*

Return Date to workstation/home: ____
Return Time to workstation/home: _______________ a.m. ___________ p.m.

Parking: ____________

Mode of Transportation: _____ *passenger with* _________________________________
(Please check one) _____*county/state vehicle*
_____ *personal vehicle*
_____ *airline*

If you are less than 50 miles you must complete this sheet for each day.

If your personal vehicle was used mileage will be based on mapquest.com

I shared a room with: ____
I did not stay at hotel: ____

Please indicate meals that were included in registration during your travel?

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*Purpose of Travel:*____

_______________________ _______________
Claimant's Signature *Date*

>>>
Office Use Only

Parking: __________ *Per Diem:* _________*Mileage:* ________

Total Reimbursement: ___________

Mail original documents to: Lisa Barker, Executive Director, 329 West 1200 South, Romney, IN 47981

Name of agency personnel who prepared this claim.	
Name:	**Phone:**

CLAIM – VOUCHER
State Form 11294 (R 2/1-96)
Approved by State Board of Accounts, 1996.

INSTRUCTIONS: This agency is requesting disclosure of your Social Security Number in accordance with I.C. 4-1-8

VENDOR INFORMATION		**AGENCY INFORMATION**	
Document Number	Date (Month, Day, Year) *	Agency Name **CRIMINAL JUSTICE INSTITUTE**	
Vendor Name *		Agency Number **O32**	
Address (Number, Street) *		**Social Security Number** *	1099 CODE
Address (P. O Box Number)		**Federal I. D. Number**	1099 CODE
City, State, and ZIP Code (00000-0000) *		**Vendor Number**	

AREA BELOW TO BE COMPLETED BY AGENCY.

DATE		AMOUNT	FUND	OBJECT	CENTER	LOAN/INV/NBR	QTY.	UNIT	DESCRIPTION
			2720		110000				

GROSS AMOUNT $	Furnished to: (Name of State Agency) **Indiana Criminal Justice Institute** **Indiana State Coroners Training Board**
I certify that this claim is correct and valid and is a proper charge against the State Agency, Fund, and Center indicated.	
Authorized Signature of State Agency	Date (Month, Day, Year)
Pursuant to the provisions and penalties of Indiana Code 5-1-11-10-1, I hereby certify that the foregoing Fund and Center is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid.	
Signature of Vendor *	**Date (Month, Day, Year)** *

Subsitute Form
State Form 23743(R 07/01)
Approved by State Board of Accounts 2001
Approved by Auditor of State 2001

Taxpayer Identification Number Request

State of Indiana

W-9

DO NOT send to IRS

Print or Type

Legal Name (OWNER OF THE EIN OR SSN AS NAME APPEARS ON IRS OR SSN RECORDS)
DO NOT ENTER THE BUSINESS NAME OF A SOLE PROPRIETORSHIP ON THIS LINE

Return to address below

Trade Name Complete only if doing busines as (D/B/A)

Remit Address

Purchase Order Address- Optional

Check legal entity type and enter 9 digit taxpayer Identification Number (TIN) below:
(SSN = Social Security Number, EIN = Employer Identification Number)

SSN or EIN must be for legal name above.

- ☐ **Individual** (Individual's SSN) ___-___-____
- ☐ **Sole Proprietorship** (Owner's SSN or Business EIN) SSN ___-___-____ EIN __-_____
- ☐ **Partnership** ☐ General ☐ Limited (Partnership's EIN) __-_____
- ☐ **Estate / Trust** (Legal Entity's EIN) __-_____
  Note: Show the name and number of the legal trust, or estate, not personal representatives.
- ☐ **Other** (Limited Liability Company, Joint Venture, Club, etc) (Entity's EIN) __-_____
- ☐ **Corporation** Do you provide legal or medical services? ☐ Yes ☐ no (Corp's EIN) __-_____
- ☐ **Government** (or Government operated entity) (Entity's EIN) __-_____
- ☐ **Organization Exempt from Tax under Section 501(a)** (Org's EIN) __-_____
  Do you provide medical services? ☐ Yes ☐ no
- ☐ Check here if you do not have a SSN or EIN but have applied for one.

Under penalties of perjury, I certify that:

(1) The number listed on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me) AND

(2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends or (c) the IRS has notified me that I am no longer subject to backup withholding (does not apply to real estate transactions, mortgage interest paid, and acquisition or abandonment of secured property, contribution to an individual retirement arrangement (IRA), and payments other than interest and dividends.)

CERTIFICATION INSTRUCTIONS -You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return.

THE IRS DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.

I am a U.S. person (including a U.S. resident alien).

NAME (Print or Type) _____ TITLE _____

AUTHORIZED SIGNATURE _____ DATE _____ PHONE _____

Agency use only

Agency _____ 1099 ☐ Yes ☐ No Approved by: _____

Indiana State Coroners Training Board
Evaluation for Training Grant Requests

Please complete the attached form completely.

1. Name of course: _____
2. Date course was conducted: _____
3. Primary Instructor: _____
4. Length of course (in hours): _____
5. Course objectives: _____
   _____
6. In what way(s) did this course most benefit you in your position as Coroner or Deputy Coroner?

   _____
   _____
7. In what way(s) did this course be least beneficial to you in your position as Coroner or Deputy Coroner?

   _____
   _____
8. Would you recommend this course to other coroners? Why or Why Not?

   _____
   _____
9. Any additional comments: _____
   _____

_____ _____
(Signature) (County)

_____
(Date)

Please complete the evaluation form and return with the reimbursement forms in order to receive your reimbursement to: Lisa Barker, Executive Director,
329 West 1200 South, Romney, IN 47981